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Bib Data Sheet

CONFIRMATION NO. 8390

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|---|---|-------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>10/038,346  | <b>FILING OR 371(c) DATE</b><br>01/02/2002<br><b>RULE</b>   | <b>CLASS</b><br>701           | <b>GROUP ART UNIT</b><br>3661   | <b>ATTORNEY DOCKET NO.</b><br>56028/DMC/C685 |
| <b>APPLICANTS</b><br>Michael L. Obradovich, San Clemente, CA;   |   |                               |   |  |
| <b>** CONTINUING DATA *****</b><br>This application is a DIV of 09/848,391 05/03/2001 PAT 6,577,928 which is a CON of 09/355,433 07/27/1999 PAT 6,282,464<br>which is a 371 of PCT/US98/01119 01/05/1998<br>and is a CIP of 08/789,934 01/28/1997 PAT 6,009,355   |   |                               |   |  |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                               |   |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b><br>** 02/19/2002  |   |                               |   |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWING</b><br>17   | <b>TOTAL CLAIMS</b><br>26                    |
| <b>INDEPENDENT CLAIMS</b><br>3  |   |                               |   |  |
| <b>ADDRESS</b><br>56317   |   |                               |   |  |
| <b>TITLE</b><br>TECHNIQUE FOR SELECTING A SERVICE PROVIDER TO SERVICE A VEHICLE   |   |                               |   |  |
| <b>FILING FEE RECEIVED</b><br>724   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |